



NOTICE OF STATUS OR EMPLOYMENT CHANGE
NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
SFN 53611 (Rev. 01-06)

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Sec. 3402. The individual's social security number will be used for tax reporting and as an identification number.

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY BY THE AUTHORIZED AGENT

NDPERS • PO Box 1657 • Bismarck, • North Dakota 58502-1657

(701) 328- 3900 • 1-800-803-7377 • Fax 701-328-3920

PART A MEMBER INFORMATION																										
Name (Last, First, Mi)		Social Security Number																								
Department Name		Department Number																								
PART B CHANGE OF STATUS NOTICE		Effective Date																								
<input type="checkbox"/> Leave of Absence/Leave without Pay Reason for Leave: _____ Recertification Date: _____ Date of Return: _____																										
<input type="checkbox"/> Classification Change: <table border="0"><thead><tr><th colspan="3"><u>From</u></th><th colspan="3"><u>To</u></th></tr></thead><tbody><tr><td><input type="checkbox"/> Classified State</td><td><input type="checkbox"/> Non-Classified State</td><td><input type="checkbox"/> Non-State</td><td><input type="checkbox"/> Classified State</td><td><input type="checkbox"/> Non-Classified State</td><td><input type="checkbox"/> Non-State</td></tr><tr><td><input type="checkbox"/> Seasonal</td><td><input type="checkbox"/> Elected Official</td><td><input type="checkbox"/> Salaried</td><td><input type="checkbox"/> Seasonal</td><td><input type="checkbox"/> Elected Official</td><td><input type="checkbox"/> Salaried</td></tr><tr><td><input type="checkbox"/> Non-Seasonal</td><td><input type="checkbox"/> Appointed Official</td><td><input type="checkbox"/> Hourly</td><td><input type="checkbox"/> Non-Seasonal</td><td><input type="checkbox"/> Appointed Official</td><td><input type="checkbox"/> Hourly</td></tr></tbody></table>			<u>From</u>			<u>To</u>			<input type="checkbox"/> Classified State	<input type="checkbox"/> Non-Classified State	<input type="checkbox"/> Non-State	<input type="checkbox"/> Classified State	<input type="checkbox"/> Non-Classified State	<input type="checkbox"/> Non-State	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Elected Official	<input type="checkbox"/> Salaried	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Elected Official	<input type="checkbox"/> Salaried	<input type="checkbox"/> Non-Seasonal	<input type="checkbox"/> Appointed Official	<input type="checkbox"/> Hourly	<input type="checkbox"/> Non-Seasonal	<input type="checkbox"/> Appointed Official	<input type="checkbox"/> Hourly
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<input type="checkbox"/> Reduction in Hours: <input type="checkbox"/> _____ Hours to _____ Hours <input type="checkbox"/> Permanent to Temporary/Part-time (Distribute SFN 17627 to employee)																										
PART C SEPARATION OF EMPLOYMENT																										
<input type="checkbox"/> Notice of Retirement <input type="checkbox"/> Notice of Long Term Disability <input type="checkbox"/> Notice of Death <input type="checkbox"/> Notice of Termination (Do not use this form for Notice of Transfer-Complete a Notice of Transfer Kit)																										
Has the appropriate "KIT" been provided to employee/surviving spouse? <input type="checkbox"/> No <input type="checkbox"/> Yes, Date _____																										
Last Date of Service with Current Agency		Date of Last Regular Paycheck																								
Last Month Insurance Premium(s) will be paid by your agency/or this employee (Month & Year) :		Projected Accumulated hours of sick leave to date of separation:																								
Last retirement transmittal of deduction (Month & Year):		Last retirement transmittal due: (Month, 8 th , & Year):																								
PART D PLAN INFORMATION (Check all the plans the employee is currently participating in)																										
<u>Group Insurance</u> <input type="checkbox"/> Health Insurance <input type="checkbox"/> Single Coverage <input type="checkbox"/> Family Coverage <input type="checkbox"/> PERS Dental; Current Dental Premium \$ _____ <input type="checkbox"/> PERS Vision; Current Vision Premium \$ _____ <input type="checkbox"/> PERS Life Insurance <input type="checkbox"/> PERS Long Term Care	<u>Retirement</u> <input type="checkbox"/> Defined Benefit <input type="checkbox"/> Defined Contribution <input type="checkbox"/> TIAA-CREF <input type="checkbox"/> TFFR <input type="checkbox"/> Job Service <input type="checkbox"/> Highway Patrol	<u>Other Plans</u> <input type="checkbox"/> Deferred Compensation (457/403(b)) <input type="checkbox"/> PERS Flex Comp (125)																								
PART E AUTHORIZATION OF AUTHORIZED AGENT																										
I certify that the above information is true and correct.																										
_____ Authorized Agent Signature		_____ Date of Signature																								

ORIGINAL TO NDPERS – PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS

INSTRUCTIONS

Part A Member Information

Enter member's name and social security number
Enter the employer's name and department number

Part B Change of Status Notice

Complete this section if an employee is on a leave of absence or experiences a reduction in hours.

Part C Separation of Employment

Complete this section if an employee is leaving your service due to Long Term Disability, Death, Termination (non-retirement), or Retirement.

Due to varying payroll cycles employers use, NDPERS needs to confirm the last Transmittal of Deduction for Retirement Contributions for certain retiring members. This is to ensure benefits are paid to a member for the correct time period and not overpaid or underpaid.

Eligible "Wages" and "salaries" means the member's earnings in eligible employment under this chapter reported as salary on the member's federal income tax withholding statements plus any salary reduction or salary deferral amounts under 26 U.S.C. 125, 401(k), 403(b), 414(h), or 457. "Salary" does not include fringe benefits such as payments for unused sick leave, personal leave, vacation leave paid in a lump sum, overtime, housing allowances, transportation expenses, early retirement incentive pay, severance pay, medical insurance, workforce safety and insurance benefits, disability insurance premiums or benefits, or salary received by a member in lieu of previously employer-provided fringe benefits under an agreement between the member and participating employer. Bonuses may be considered as salary under this section if reported and annualized pursuant to rules adopted by the board.

If an employee is leaving your service because of a transfer to another participating PERS employer, you must complete a Notice of Transfer Kit. Please always refer to PERS listing of participating employers to determine if an employee is transferring employment.

A PERS "Kit" must be given to the employee or surviving spouse to complete. **A completed kit must accompany the Notice of Status or Employment Change.**

Part D Plan Information

Indicate ALL the plans your employee participates in through your agency.

Part E Authorization of Authorized Agent

Your agency's designated PERS authorized agent must sign and date this form.